

PART B - FEE(S) TRANSMITTAL

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7590

10/07/2004

JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 Seventh Street, N.W.
Washington, DC 20004

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P.O. Box 9271
Reston, VA 20195



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(Depositor's name)
(Signature)
(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,683	07/14/2003	Sang-Don Lee	P68985US0	4130

TITLE OF INVENTION: METHOD FOR FABRICATING METAL-OXIDE SEMICONDUCTOR TRANSISTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$1670 \$1700	01/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS		12/14/2004 SFELEKE2 00000095 10617683	
THAI, LUAN C	2829	438-270000		01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). New Power of Attorney

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Hynix Semiconductor Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ichon-shi, Kyoungki-do, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee (\$1400)

Publication Fee (No small entity discount permitted) (\$300)

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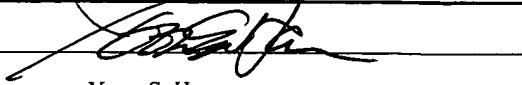
The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-3266 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date December 13, 2004

Typed or printed name

Yoon S. Ham

Registration No. 45,307

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